

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1248-62-011285
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED MAR 19 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 E. Armour		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 E. Armour
3. NAME OF DECEASED (Type or print) First Lawrence Middle E. Last Reedy		4. DATE OF DEATH Month March Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-13-1892
9. AGE (last birthday) 69		10. IF UNDER 1 YEAR Months 69 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. & Treas.		10b. KIND OF BUSINESS OR INDUSTRY United Farm	
11. BIRTHPLACE (City and state or country) Kidder, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lawrence Reedy		13b. MOTHER'S MAIDEN NAME Estella Smith	
14. NAME OF HUSBAND OR WIFE Elmyra M. Reedy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address K. C. Mo. Elmyra Reedy, 701 E. Armour Blvd	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhages Rectal, Recurrent DUE TO (b) Ulcerating Adenocarcinoma Rectum DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 3 mo ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) High Arteriosclerosis Ascending aorta of Stomach active ulcer			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]		20c. TIME OF INJURY Hour 8:45 PM Month Oct. Day 8 Year 1961	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]	
20f. CITY, TOWN, OR LOCATION Kansas City		STATE Missouri	
21. I attended the deceased from Oct. 8 '61 to Mar. 1 '62 and last saw him alive on Mar. 1 - 1962 Death occurred at 8:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Glen H. Broyles M.D.		22b. ADDRESS 1232 Professional Bldg	
22c. DATE SIGNED 3-2-62		23. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 3, 1962	
23c. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc		23d. LOCATION (City, town, or county) Kansas City Missouri	
24. DATE RECD. BY LOCAL REG. 3-2-62		25. REGISTRAR'S SIGNATURE Ruth Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Glen H. Broyles

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Glen
Prof. R. Lee
Dec 1-4420
Thurs 11:00 A.M.
3:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. M. J. [Signature]
Licensed Embalmer No. 3453

P. O. Address H. C. [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.